

Questions and Answers from the NewMMIS Training Sessions

Account Administration

- Q.** Will a provider that has more than one MassHealth provider number be able to use the Provider Online Service Center for all of its MassHealth provider numbers with just one user ID and password?
- A.** Yes. You will be able to link your user ID for the Provider Online Service Center to other users who may represent multiple provider numbers.
- Q.** Are there any restrictions on the access to the Provider Online Service Center that a subordinate can be given?
- A.** Yes. The primary user established by each provider organization will be the administrator for the provider's office. The primary user will have the authority to assign and maintain subordinate IDs and permissions.
- Q.** Is there a maximum number of, or limit to, the number of subordinates that can be set up for the Provider Online Service Center?
- A.** There is no limit to the number of subordinates that can be assigned.
- Q.** Is it acceptable for a provider to allow all staff members to use just one user ID and password (that is, the user ID and password of the administrator)?
- A.** Each staff person who will have access to the application should be assigned a separate user ID and password. However, if the organization decides to share the same user ID and password, there is nothing to prevent this action from taking place. **Please Note:** The "primary" user ID and password *cannot* be used as a shared ID. One person must be assigned as the "primary," as that person will be responsible for assigning subordinate IDs. Additionally, the application does *not* allow for the same user ID and password to be logged on at the same time.
- Q.** Will the current MassHealth user IDs and passwords be inactive with implementation of NewMMIS?
- A.** Today a Customer Web Portal (CWP) account lets providers request transportation prescriptions (PT-1) and order forms and publications online. The CWP ID will remain for the same purposes. To support the options under the Provider Online Service Center, you will need a new user ID and password (unless you have a Virtual Gateway ID).
- Q.** How will providers be notified of their primary (administrator) user ID and password?
- A.** Providers will be individually informed of the user ID registration process through the mail. Providers will then need to log onto the new Provider Online Service Center to obtain the primary user ID.

- Q.** If a provider currently uses the Virtual Gateway, will this user ID and password remain the same?
- A.** Yes. Your Virtual Gateway ID will not change. If you currently have a Virtual Gateway ID, you will not need to obtain a new primary user ID. Your Virtual Gateway ID and password will act as your primary user ID and password for NewMMIS. However, you may need to add additional subordinate IDs for your staff who currently do not use the Virtual Gateway.
- Q.** Will a provider be able to determine where MassHealth has sent the registration information for the primary user ID and password?
- A.** Each provider service location will be issued one "primary" user ID. The provider must decide who, within their organization, will be the primary user. That designated primary user must then register for a user ID and password online. The Provider Online Service Center will require certain information from the primary user, such as the user's name, address, and date of birth, to process the ID request.
- Q.** How does a provider reassign a staff member as the primary user or administrator, if the original primary user leaves the organization?
- A.** To request a change in the primary user or to assign someone else in the organization to assume the role, providers must contact MassHealth Customer Service.

Claims and Payment

- Q.** Can skilled-nursing-facility (SNF) denial letters be submitted as an attachment?
- A.** Yes. SNF denial letters may be submitted as an attachment for a direct data entry (DDE) claim.
- Q.** I currently use Medicare Claim System (MCS) to bill Medicare. Is DDE going to be the same as the MCS?
- A.** No. They are different systems.
- Q.** Will a denied line on a claim hold up the payment for the entire claim?
- A.** As long as every claim line on the claim reaches a paid or denied status, the entire claim will be released. However, if one claim line on the claim is suspended, the entire claim will be held in suspense until the suspended claim line is fully processed.
- Q.** In what field on the UB-04 claim form must a provider enter the interchange control number (ICN) for adjustments and resubmittals?
- A.** For adjustments and resubmittals, the provider must enter the former ICN in Field 64A, Document Control Number.
- Q.** Will the ICN be assigned at the claim level or the line level?
- A.** The ICN will be assigned at the claim level.
- Q.** Will providers be able to submit requests for 90-day waivers electronically in the new system?
- A.** No. The 90 day-waiver process will not change.

- Q.** Can I use HIPAA-compliant coordination of benefits (COB) transactions in NewMMIS like I do now?
- A.** Yes. Because COB is part of the 837 transactions, you will be able to continue to send those transactions in NewMMIS.
- Q.** Can facilities use DDE?
- A.** All providers will be able to use the DDE option.
- Q.** Can our billing intermediaries use DDE?
- A.** Yes. Billing intermediaries may use the DDE option as long as the provider gives them access to submit DDE transactions on their behalf.
- Q.** When do we start billing with the new member IDs?
- A.** The new member ID numbers are for use only in NewMMIS (once the system is implemented).
- Q.** Will the HIPAA-compliant transactions and formats change when NewMMIS is implemented?
- A.** MassHealth cannot change the format of the HIPAA transactions. However, a number of the loops and segments used in transactions have changed. Refer to the draft companion guides, which will be posted to the Web in the 1st quarter of 2008 for more information.
- Q.** Will MassHealth still issue and mail paper checks to providers?
- A.** Yes. MassHealth will continue to mail paper checks. However, we encourage providers to use the electronic funds transfer (EFT) option.
- Q.** Will NPI still be required for claim submissions?
- A.** Yes. The NPI is a HIPAA standard and will be required in the claim detail for electronic data interchange (EDI) claims. MassHealth will continue to require providers to use the NPI on all claim submissions and other HIPAA batch transactions.
- Q.** Can a provider send operative notes for claims for multiple surgeries as electronic attachments?
- A.** Yes. Operative notes may be submitted as an attachment for direct data entry (DDE) claims.
- Q.** Will my clearinghouse or software vendor be able to submit electronic attachments on my behalf?
- A.** Yes. Both you and your clearinghouse or billing intermediary will be able to use the DDE option on the Provider Online Service Center to submit electronic attachments. Electronic attachments are supported with DDE transactions only. Electronic attachments for batch HIPAA claims will be supported once the 275 (HIPAA electronic attachments) transaction is finalized.

- Q.** Can we send electronic attachments now?
- A.** No. Currently, providers may send electronic claims to MassHealth and if an attachment is required, MassHealth will send the provider a claim attachment form (CAF). The provider must attach the paper attachment to the CAF and return it to MassHealth. The CAF process will be eliminated upon implementation of NewMMIS.
- Q.** How are COB (coordination of benefits) claims sent electronically now?
- A.** Currently, COB claims are submitted like any 837 electronic claim with the appropriate information entered in the COB loops and segments.
- Q.** Will MassHealth begin accepting standard modifiers with NewMMIS?
- A.** MassHealth accepts standard modifiers today. NewMMIS will not change the current program policy or regulation. As a result, MassHealth may not accept every modifier or certain modifier-/service-code combinations. Refer to Subchapter 6 of your MassHealth provider manual for details on acceptable modifiers and service codes.
- Q.** Will the error codes sent as part of the DDE response be the HIPAA error codes or the MassHealth-specific error codes?
- A.** The error codes will be the MassHealth EOB codes and descriptions. HIPAA codes will be displayed when the provider conducts a claims-status inquiry transaction (276/277) and on an 835 electronic remittance advice.
- Q.** Currently, we submit claims using our NPI, which is linked to our MassHealth group practice provider number. Will you continue to process claims to our group practice provider number?
- A.** MassHealth will issue payments based on the NewMMIS provider ID/service location. The system will crosswalk the NPI reported on your claim to the correct provider ID/service location. This is consistent with how MassHealth processes payments today.
- Q.** Will taxonomy codes still be used when applicable?
- A.** Yes, providers will continue to use taxonomy codes in the new system. For a very small number of providers, taxonomy codes are used to assist MassHealth in crosswalking the NPI to the correct provider ID/service location to ensure proper payment.
- Q.** After implementation of NewMMIS, how should a provider resubmit a claim that was originally submitted on claim form no. 4, 5, 7, or 9? Should they be submitted on the CMS-1500?
- A.** The provider should submit the claim on the CMS-1500 as a new claim.
- Q.** If a provider submits claims via DDE, and a claim is denied, will the denial reason be part of the response?
- A.** Yes. The DDE response will report the explanation of benefits (EOB) code and description.
- Q.** When you submit claims in batch, is the claims-status response also in real time?
- A.** No. However, a provider can perform a real-time DDE claim-status request to determine the status of the claim after receiving the 997 response.

- Q.** Can providers send electronic claims either via batch or one by one via DDE?
- A.** Yes.
- Q.** Can Medicare denial letters be attached electronically?
- A.** Yes. If you have an electronic copy of the denial, it may be sent as an electronic attachment to a DDE claim.
- Q.** Will the format of the HIPAA 997 transaction be the same after implementation?
- A.** Yes. The 997 is a HIPAA transaction and MassHealth cannot change the format.
- Q.** Will MassHealth still accept paper claims?
- A.** Yes. MassHealth will transition to the UB-04 and CMS-1500 claim forms and will no longer accept MassHealth-proprietary claim forms.
- Q.** Will 90-day waiver requests still need to be submitted on paper or can they be submitted electronically?
- A.** The 90-day waiver request process will not change. You cannot submit the requests electronically.
- Q.** Will providers be able to void a claim through the Provider Online Service Center?
- A.** Yes. Providers today can submit electronic voids. This is part of the 837 electronic claim. This functionality will continue in NewMMIS. Providers will also be able to void claims using the DDE functionality on the Web.
- Q.** Will providers receive a notification when a remittance advice has been posted?
- A.** There will not be any notification for the remittance advices. MassHealth will continue to post the 835 files on Mondays. The PDF files of the remittance advices will be posted on the Provider Online Service Center and will be available to you once they are posted.
- Q.** Can a claim be resubmitted through the DDE function?
- A.** Yes, you may recall the originally denied claim, make the modification, and resubmit the claim via DDE.
- Q.** Is an 835 reader required?
- A.** No, but it is recommended if you have difficulty reading the 835.
- Q.** Will MassHealth continue to issue paper remittance advices?
- A.** No. MassHealth will no longer issue paper remittance advices. You will be required to download an 835 electronic RA or a PDF version (which contains information similar to the current paper remittance advice) from the Provider Online Service Center.
- Q.** Will providers be able to submit claims using their current software programs?
- A.** Yes, if you are using a software vendor or billing intermediary. Please make sure your software vendor or billing intermediary reviews the updated companion guides, which will be posted to the MassHealth Web site in the 1st quarter of 2008. Provider Claims Submission Software (PCSS) will be replaced in the new system with DDE.

- Q.** If a provider currently bills electronically using billing software or via a billing intermediary, can they still use the DDE function?
- A.** Yes. A provider may use DDE even if they use other electronic billing software or have a billing intermediary. There is no new software required to use DDE. A provider only needs access to the Provider Online Service Center and the Internet.
- Q.** Our claim volume is over 1,000 claims a week. Will DDE work for me?
- A.** It will probably be more efficient to use batch claim submission.
- Q.** When will the CMS-1500 form be required?
- A.** Both the CMS-1500 and UB-04 claim forms will be required when NewMMIS is implemented.
- Q.** Today when there is an error on a batch of claims the whole batch rejects. Will that occur in NewMMIS?
- A.** A batch of claims will be rejected if there is a HIPAA-compliance error. That will not change in NewMMIS.
- Q.** If I have one NPI and two MassHealth provider numbers, how many remittance advices will I get?
- A.** You will get two separate remittance advices - one for each service location.
- Q.** Will the remittance advice print landscape?
- A.** Yes.
- Q.** Will MassHealth continue to mail TPL letters to providers when a claim is denied because the member has other coverage?
- A.** No. Other insurance information will be reported on the PDF remittance advice.
- Q.** Do we currently use the Virtual Gateway ID to submit 837 claim files?
- A.** No. Providers currently log on using the Customer Web Portal ID.
- Q.** If a provider has a Virtual Gateway ID, does the provider also need a Customer Web Portal ID?
- A.** Providers will need a CWP ID to complete an online PT-1 and to order forms and publications.
- Q.** Will Medicare claims continue to cross over automatically with the new member ID numbers?
- A.** Yes. The new member ID numbers will not affect the crossover process.
- Q.** Will the electronic attachment function be limited to certain types of documents?
- A.** No. We will accept all standard formats.

- Q.** Will the REVSpC function still be available?
- A.** Yes. REVSpC will be modified and kept. The Interactive Voice Response (IVR) will also be kept under NewMMIS.
- Q.** Will providers who operate their business in states bordering Massachusetts have access to NewMMIS?
- A.** Yes. All actively enrolled providers will have access to the Provider Online Service Center.
- Q.** Will NewMMIS interact with Medicare's Provider Enrollment, Chain and Ownership System (PECOS)?
- A.** The PECOS system has not yet been implemented. Once the application is implemented, NewMMIS will need to be modified to interface with PECOS.
- Q.** Currently I see the 835 file after I have received the MassHealth payment. Will the timing of the 835 change?
- A.** No. The 835 file cannot be posted without the check or EFT information. That information is not processed by the Office of the State Comptroller until Thursday each week and the 835 file is generated over the weekend and posted on Monday.
- Q.** Will the PDF remittance advice be available for viewing at the same time as the payment?
- A.** No. Payments are processed separately from the PDF remittance advice. Providers will likely see the remittance advice before the payment is available, as it is today.
- Q.** Can we use the MassHealth-proprietary claim forms in NewMMIS?
- A.** No. All MassHealth-proprietary claim forms will be replaced with the industry-standard UB-04 and the CMS-1500 claim forms. Providers will be required to submit the appropriate industry-standard claim forms to NewMMIS.

General Questions

- Q.** How will NewMMIS affect the process at the MCOs?
- A.** NewMMIS will not affect any processes at the MCOs. MCOs may submit their 834 transactions via Healthcare Transaction Services (HTS) or batch transactions through the Provider Online Service Center.
- Q.** Now that there is a move to automation and DDE, will providers still be required to retain paper documentation for six years?
- A.** The record-retention requirements will not change with the implementation of NewMMIS.
- Q.** Why is MassHealth issuing new provider numbers? Why are they required?
- A.** The NewMMIS application has a different numbering scheme and process for provider IDs. We must conform to the new application.

- Q.** Now that primary care clinicians (PCC) are generating the PCC referral request, when applicable, are we still required to attach medical-necessity documentation when requesting prior authorization (PA)?
- A.** PCC referrals and prior authorization are separate requirements. Not all services referred by the member's PCC will require prior authorization. If the member is enrolled with a PCC and has been referred to another provider, the servicing provider may still need to obtain a PA, if required by MassHealth.
- Q.** How are members being told about their new ID numbers?
- A.** Members will receive written notification from MassHealth about the new ID cards when they are issued and will be told how to use the new cards.
- Q.** Is the new Web-based Provider Online Service Center available now?
- A.** The Provider Online Service Center is not currently available. It will not be available until implementation.
- Q.** When will e-learning be available to providers?
- A.** E-learning materials will be available to providers during the provider implementation training phase, currently scheduled for summer 2008.
- Q.** Has MassHealth notified all vendors and billing intermediaries about the changes that NewMMIS will bring?
- A.** Yes. MassHealth met with software vendors and billing intermediaries in the fall and will meet with them again in the near future.
- Q.** What is the timeline for implementation?
- A.** NewMMIS will be implemented on September 29, 2008.
- Q.** Will there be a period of time when providers can submit test files to MassHealth?
- A.** MassHealth will test with software vendors and billing intermediaries and some MassHealth providers.
- Q.** Will the implementation occur in a phased approach?
- A.** The current plan is to implement all functions of the Provider Online Service Center at one time.

Managing Members

- Q.** Can I use the Provider Online Service Center to verify Management Minutes Questionnaire (MMQ) information for my patients?
- A.** Yes. The Provider Online Service Center will report MMQ information in the eligibility response.
- Q.** Can I use the Provider Online Service Center to verify patient paid amount (PPA) information for my patients?
- A.** Yes. The Provider Online Service Center will report PPA information in the eligibility response.

- Q.** Can providers use DDE to check eligibility?
- A.** Yes. The eligibility verification service is available for both batch and DDE submissions.
- Q.** Will members have an automated option to verify and review descriptions of their coverage type?
- A.** No.
- Q.** With the onset of 12-digit MassHealth member ID numbers, will the ZZ numbers go away?
- A.** Upon implementation of NewMMIS, new members will not be assigned ZZ numbers. However, if a member has a ZZ number on file in the current (legacy system), that ZZ number will be on the member's file as a previous ID in NewMMIS.
- Q.** Will all eligibility updates be real time, including managed-care and third-party-liability updates?
- A.** Providers will be able to see updates made to a member's eligibility as soon as the change is made in NewMMIS.
- Q.** Will eligibility segments have effective dates?
- A.** Providers will be able to inquire on a specific date or a range of dates for a member's eligibility. MassHealth will not report the start date of an eligibility segment.
- Q.** Will the eligibility system give the new member ID if the old member ID is entered?
- A.** A provider will be able to perform an eligibility inquiry in NewMMIS using the member's social security number. Also, EVS (the new name for REVS) will be able to display the new member ID number if the provider enters the old member ID number for the inquiry.
- Q.** Will MassHealth still use the member's social security number?
- A.** No. The new member ID number will not be based on the social security number.
- Q.** Will newborns still be issued temporary IDs?
- A.** No. Because the member ID will no longer be based on the SSN, NewMMIS will not need to wait for an SSN to be issued in order to assign a permanent member ID for the newborn.
- Q.** Will member IDs remain constant during gaps in eligibility?
- A.** Yes. The member ID number should not change when eligibility is lost and reestablished later.
- Q.** Will providers still be able to make eligibility inquiries using the member's name and date of birth?
- A.** Yes. The eligibility request can be submitted using several different identifiers, including the member's name and date of birth.
- Q.** Can a provider check eligibility for future dates of service?
- A.** No. Because a member's eligibility may change at any time, it is not possible to check a member's eligibility for a future date.

- Q.** Is there a mechanism for tracking eligibility inquiries from month to month?
- A.** Providers will also have the ability check previously submitted 270/271 eligibility-verification requests through the Provider Online Service Center.
- Q.** Will there be a grace period for use of old member IDs after implementation of NewMMIS?
- A.** MassHealth is investigating solutions for such a grace period.
- Q.** Will providers be able to enter the member's temporary ID number and receive the member's new ID number?
- A.** Providers will be able to enter the member's ZZ number into the "Previous ID" field in the Member search.
- Q.** Will REVSpC still be used in the new system?
- A.** Yes. REVSpC will be modified to support batch eligibility transactions.
- Q.** Will MMQs be updated immediately in NewMMIS?
- A.** The MMQ information submitted via the Provider Online Service Center will be batch-updated on a nightly basis. This information will only be updated for members with an open long-term-care segment. If the member does not have an open long-term-care segment on file, the MMQ information will be pended, meaning that the system will check each night to see if a segment has been added. This will occur for three months.
- Q.** Is there a way for providers to get a list of the new member ID numbers for their patients?
- A.** Yes. You may send a batch eligibility request once REVS has been updated and MassHealth will respond with the new member ID number.
- Q.** Will the updates for members be done in several languages?
- A.** Yes. MassHealth will issue updates in multiple languages as they do today.
- Q.** Will a provider be able to enter a member's long-term-care application via the Web?
- A.** Not at this time.
- Q.** Can you use the social security number of the head of household to obtain the new member ID number for another member in the household?
- A.** You can use a case number in the member search to locate all members in a particular case.
- Q.** Will MMQs still need to be submitted on diskette?
- A.** No. Providers will be able submit MMQ information by DDE and in batch.

MCOs

- Q.** Will the MCOs use the new member ID?
- A.** MCOs will crosswalk the MassHealth member ID number to their own member numbers. This is consistent with what happens today.

Member Cards

- Q.** Will providers and members be able to tell a member's coverage type by looking at the new member ID cards?
- A.** No. The new ID cards are designed to be permanent, even if the coverage type changes.
- Q.** When will MassHealth issue the new member IDs and cards?
- A.** MassHealth will begin issuing the new member ID cards a couple of months before implementation of NewMMIS. The mailing of new cards will take a few weeks to complete. The specific mailing dates will be determined later.
- Q.** What will MassHealth instruct members to do with their old member ID cards?
- A.** Detailed directions for how to handle questions about the MassHealth ID card transition will be forthcoming.
- Q.** Will the card identify whether the member has MassHealth through DTA or DSS?
- A.** No. The new ID cards are designed to be permanent, even if the coverage type changes.

New Provider IDs

- Q.** Will providers be able to get their new provider number and service ID from the Provider Online Service Center?
- A.** No. Providers will be notified of their unique provider ID service location number via mail.
- Q.** Receiving U.S. mail correspondence is an issue for us. How will MassHealth send NewMMIS-related information to us?
- A.** With the implementation of NewMMIS, 90% of your day-to-day business with MassHealth can be conducted electronically through the Provider Online Service Center. We will, however, be required to notify you of your provider ID/service location and user ID registration process via mail.

Preadmission Screening

- Q.** Will a provider be able to inquire on a preadmission screening (PAS) request through the Provider Online Service Center?
- A.** Yes.

Primary Care Clinician (PCC)

- Q.** Will a PCC referral allow for more than one visit?
- A.** A PCC referral may be issued for a number of visits, a period of time, or a combination of both.

- Q.** How will the PCC-referral process affect urgent or emergency care?
- A.** Emergency services will not require a PCC referral. The rules are the same as today. As stated in the PCC Plan Provider Handbook, PCCs should instruct members to seek emergency care whenever they are experiencing a serious health-care problem that they think needs to be treated right away. However, the PCC has the authority and responsibility to manage the member's care. PCCs must provide or arrange for urgent care within 48 hours of a request by a member. Other providers, including emergency departments, may also provide urgent care. Emergency and PCC services delivered to PCC Plan members in the emergency department or emergency service program are exempt from referral requirements.
- Q.** Can a PCC referral be issued retroactively?
- A.** Yes. A PCC referral may be issued retroactively at the discretion of the PCC.
- Q.** I currently do not need to get a PCC referral. Will I need to use one in the future?
- A.** No. The regulations are not changing.
- Q.** Currently referral numbers remain the same and this will not be the case in the future. Will we have to log on to view any changes to the referral number? When a new referral number is issued, will the specialist be notified?
- A.** The servicing provider will receive notification of new referrals when they log on to the Provider Online Service Center. The servicing provider may log on to the Provider Online Service Center and inquire on PCC referrals to determine if one has been issued. Once a PCC referral number has been issued, it will not change for that referral. The PCC will need to generate a new referral if services are required after the expiration of the current referral. Any new referral will have a new referral number.
- Q.** How will the PCC referral process work for personal-care-attendant services?
- A.** The PCA services that require a referral today will not change. Before a PCA begins to provide services, he or she will need the referral from the PCC. The PCA can contact the PCC on the member's behalf or the member can contact his or her PCC to obtain the referral before services can begin.
- Q.** Will PCC referrals be available for viewing before the date of service for which they are being issued?
- A.** Yes. A servicing provider will be able to inquire on PCC referrals that are issued with future dates of service.
- Q.** Will providers or members have the access or ability to change or update PCC information?
- A.** Members do not have the ability to change their PCCs on line. They must contact MassHealth Customer Service or request via e-mail a change to their PCC. Providers can update their own provider profile as necessary and PCCs can update their own referrals.

- Q.** Will a PCC have the ability to issue referrals for an extended duration for services that warrant them, such as day habilitation, home health services, or hospice services?
- A.** A PCC referral may be issued for a number of visits, a period of time, or a combination of both.
- Q.** How will the PCC process work as it relates to patients receiving home health services? Must the PCC enter a new referral every time?
- A.** A PCC referral may be issued for a number of visits, a period of time, or a combination of both.
- Q.** How do I get the PCC referral number?
- A.** If you are the servicing provider, you may log on to the Provider Online Service Center and view all referrals issued to you.
- Q.** How does the PCC know when to generate a referral for the services I am providing to the member?
- A.** The PCC should be referring the member to the servicing provider and therefore would know when to issue the referral. If the member has not seen his or her PCC before making an appointment with a servicing provider, the member should be referred back to the PCC for a referral.
- Q.** Will PCC referrals replace the need for prior authorization?
- A.** No. If a member has been referred to another provider and the referral service requires a PA, both numbers are required.
- Q.** Is there a field for a PCC referral number on the CMS-1500?
- A.** Yes. The PCC referral number must be entered in Field 23.
- Q.** Will there be a hard cutover for PCC referrals or will there be a grace period?
- A.** We are working on a solution to allow providers a grace period to use the current PCC referral number on claims. The solution will allow existing referrals to be exhausted without requiring PCCs to enter new referrals for these services. Additionally, all claims with a date of service before our go-live date will not require a new referral.
- Q.** Will the PCC referral number take the place of the PCC's provider number?
- A.** Currently, the PCC number is the referral number. This will change. NewMMIS will require PCCs to submit referrals, which will generate a unique referral number.
- Q.** If a member shows up for an appointment with a servicing provider with no referral, can the servicing provider contact the PCC then to request a referral?
- A.** Yes. The servicing provider may call a PCC to request a referral or you can refer the patient back to the PCC. The PCC has the right to refuse the request, however.

- Q.** What happens when the member does not have a permanent address? Who completes the referral?
- A.** Each member of the PCC Plan has a PCC assigned to them either by choice or through our assignment process. The PCC will be responsible to issue referrals for all of their members.
- In the case of a homeless member, the specialist may want to contact the PCC to request referrals on behalf of the member. This is always an option for the specialist.
- Q.** Is the servicing provider or the PCC responsible for keeping up with the expiration of a referral?
- A.** The PCC will manage the referral process. However, it is up to the servicing provider to make sure that there is a valid referral on file before providing services to the member.
- Q.** What if the PCC does not have access to the Internet?
- A.** MassHealth is researching alternative methods.

Prior Authorizations

- Q.** After implementation, will current valid prior authorizations be honored?
- A.** Yes. You will be able to query PA numbers issued by the current system and pull up the prior-authorization request. If authorized units are available, the PA can continue to be used.
- Q.** Can surgical PAs also be requested through the Provider Online Service Center?
- A.** Yes. There is a prior-authorization request option available on the Provider Online Service Center.
- Q.** Will we be able to request PAs for pharmacy services through the Provider Online Service Center?
- A.** No. Pharmacy services are supported by ACS. Prior-authorization requests for drugs must go through ACS.
- Q.** If a PA request that requires documentation is initially sent without the documentation, can the provider submit the needed documentation electronically through a separate transaction?
- A.** Yes. Documentation may be attached to the PA request if not sent initially. However, the PA decision cannot be made until the documentation is received.
- Q.** Will providers still have the ability to request prior authorizations via fax?
- A.** You will have the ability to attach an electronic copy of a document to your PA request. MassHealth is in the process of ensuring that e-fax capability continues to be available to providers.
- Q.** Will the prior-authorization processing time change?
- A.** Yes. The online process is more efficient, which will allow for quicker turnaround time.

- Q.** Will NewMMIS provide instructions to accompany the prior-authorization process as APAS currently does?
- A.** Yes. The e-learning feature will give providers instructions and a printout. In addition, providers will be able to go back and repeat e-learning courses as a refresher. NewMMIS will also have online help.
- Q.** If I have an old PA can I still use it? If so, how does it work?
- A.** Yes, with one exception, you will be able to submit claims using an old PA number and will be able to inquire through the Provider Online Service Center using the old PA number. During claims processing, the old PA number will be used to look up the new PA number for processing. See the exception for dental oral surgeons in the response to the next question.
- Q:** If I have an old PA with 200 units remaining, do I have to get a new PA? If no, do I continue to bill the old PA number on my claims?
- A.** No. Wwith one exception, you do not need to get a new PA if you have remaining units on an old PA. The current balance will be converted into NewMMIS and will still be available for claims processing. You would continue to bill with the old PA number on your claim.

Exception: Dental oral surgeons with open PAs that were approved before implementation of NewMMIS will receive a new PA number to be used to submit claims to NewMMIS. The oral surgeons do not need to resubmit the request for PA. Dental oral surgeons are encouraged to submit their claims to Doral as soon as possible after the service has been provided, to reduce the number of PAs that need to be reissued.

Provider Information

- Q.** Will providers need to apply for their new 10-digit MassHealth provider number?
- A.** No. MassHealth will notify providers of their new MassHealth provider numbers.
- Q.** What is the cutover date requiring providers to use the new 10-digit provider number?
- A.** The cutover date is the date of implementation. Beginning on implementation day, you will be able to submit and receive information on the Provider Online Service Center using the new MassHealth provider number. Thirty days before implementation, you will be able to access the new number when you register on the Provider Online Service Center and begin to assign subordinate IDs and access permissions for staff in your organizations and link to billing intermediaries as applicable.
- Q.** Will each site location be assigned its own new 10-digit provider number?
- A.** Yes. Much like today in the current MMIS, each physical location and provider type will be assigned a unique 10-digit provider number.
- Q.** Will every provider be issued a new MassHealth 10-digit provider number?
- A.** Yes. MassHealth will issue a new provider number to all active providers.

- Q.** Will there be a crosswalk between old MassHealth provider numbers and new MassHealth provider numbers?
- A.** Yes. Existing provider IDs will be mapped to NewMMIS IDs. Providers will receive a letter identifying the new provider number.

Remittance Advices

- Q.** Will NewMMIS generate separate remittance advices for different services?
- A.** No. The remittance advice (RA) is issued based on the MassHealth provider ID/service location and NPI. All claims that are adjudicated under the MassHealth provider ID/service location and NPI and will be reported on a single RA.
- Q.** Will RAs show only the MassHealth-specific edits or will it also show the HIPAA denial codes?
- A.** The HIPAA denial codes and descriptions will only be reported on the 835 electronic RA. MassHealth EOB codes will be reported on the PDF version of the RA.
- Q.** Will the new RA and 835 be issued under the new MassHealth 10-digit number or under the NPI?
- A.** The PDF version of the RA will report both the MassHealth provider number and the NPI. The 835 will display the NPI, but will be made available to providers on the Provider Online Service Center under the NewMMIS provider ID/service location.
- Q.** Can the RA be made available in Excel format?
- A.** No. The RA will be issued as an 835 or as a PDF file that providers may access through the Provider Online Service Center.
- Q.** How long will the RA, reports, and other documents be available online?
- A.** The RA and other documents issued to providers via the Provider Online Service Center will be available for six months. Providers should download and store the RA and other documents so that they have access for as long as they want.
- Q.** Is the 835 process changing?
- A.** No. The 835 process will remain the same. Providers are encouraged to review the updated companion guides to accommodate the changes that have been made.
- Q.** Will we have access to today's RAs from the Provider Online Service Center?
- A.** No. You will only have access to view, print, or download the PDF versions of the RA for those runs that are processed in NewMMIS.
- Q.** Will historical data be available for reporting? How far back will it go?
- A.** The report information available under the Manage Correspondence and Reporting feature is based on several years of historical claims data. MassHealth will have available a minimum of four years of data.

System Questions

Q. How many users can the system support at one time?

A. The system can accommodate a significant number of users. Access should not be a problem.

More Questions

Q. Where can we send more questions?

A. Additional questions may be sent via e-mail to: providersupport@mahealth.net.